

BOARD FOR GEOLOGISTS AND GEOPHYSICISTS

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ADDRESS CHANGE AFFIDAVIT

I,(Name)	, decla	re under pe	naity of perjury	that the following
information is true and correct:				
I have changed my addre	ss of record for all intents	and purpos	es from:	
(Street)		(City)	(State)	(Zip)
to the following new add	dress of record:			
(Street)		(City)	(State)	(Zip)
Date change is effective:				
Please enter the number(s) and e	xpiration date(s) for each	license/cert	ification that yo	ou hold:
Branch of Licensure or Certification	Number		Expiration Date	
Professional Geologist				
Professional Geophysicist				
Certified Hydrogeologist				
Certified Engineering Geologist				
	Daytime Telephone Number (optional):			
E-mail Address (optional):	Dayt	ime Teleph	one Number (op	otional):

When completed and signed, forms should be mailed or faxed to:

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